2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 720390

Entity Name: TEMPLE SHALOM OF DELTONA, INC.

Current Principal Place of Business:

1785 ELKCAM BLVD
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

1785 ELKCAM BLVD
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 23-7185126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KORN, EDWARD S
1325 MONTOYA DRIVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: HIRSH, HOWARD L
Address: 1776 PROVIDENCE BLVD.
City-St-Zip: DELTONA, FL 32725

Title: VP ( ) Delete
Name: ULANOFF, ROBERTA
Address: 1414 SUMMIT HILL DRIVE
City-St-Zip: DELTONA, FL 32725

Title: PRES ( ) Delete
Name: KORN, EDWARD S
Address: 1325 MONTOYA DRIVE
City-St-Zip: DELTONA, FL 32738

Title: TR ( ) Delete
Name: AKINS, ZABRONDA
Address: 1010 NORWOOD DRIVE
City-St-Zip: DELTONA, FL 32725

Title: TD ( ) Delete
Name: GROSS, BENJAMIN
Address: 933 MENTMORE CIRDLE
City-St-Zip: DELTONA, FL 32728

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: MARTIN-LAIRD, LISA
Address: 2510 BECKS CIRCLE
City-St-Zip: DELTONA, FL 32738

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: JACOBY, SALLY
Address: 383 GLEN ABBY LN
City-St-Zip: DEBARY, FL 32713

Title: TR (X) Change ( ) Addition
Name: KORN, ELLEN S
Address: 1325 MONTOYA DR
City-St-Zip: DELTONA, FL 32738

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN S KORN TR 04/23/2009

Electronic Signature of Signing Officer or Director — Date